

**COMMONWEALTH OF VIRGINIA
DEPARTMENT OF SOCIAL SERVICES**

Neighborhood Assistance Program

**Eligibility is limited to 501(c)(3) or 501(c)(4) nonprofit organizations in Virginia,
whose primary function is providing assistance for impoverished people**

July 1, 2006 - June 30, 2007

APPLICATION

*******MAIL COMPLETED APPLICATION TO*******

**VIRGINIA DEPARTMENT OF SOCIAL SERVICES
OFFICE OF COMMUNITY SERVICES
Neighborhood Assistance Program
7 North Eighth Street, 3rd Floor
Richmond, VA 23219-1849**

**MUST BE RECEIVED
IN THE DEPARTMENT OF SOCIAL SERVICES
NO LATER THAN
May 1, 2006 - 5:00 P.M.**

**(PLEASE ALLOW SUFFICIENT TIME WHEN MAILING YOUR APPLICATION)
(APPLICATIONS RECEIVED AFTER 5:00 P.M. ON MAY 1, 2006 WILL NOT BE CONSIDERED)**

**VIRGINIA DEPARTMENT OF SOCIAL SERVICES
NEIGHBORHOOD ASSISTANCE PROGRAM (NAP) APPLICATION**

**2006-2007
APPLICATION**
(Please type)

Organization Name _____

Business Mailing Address _____

City _____

State _____

Zip _____

() _____

Telephone #

() _____

Fax #

Federal I.D. # _____

(Circle One)

(Mr. / Ms.) _____

Name of CEO/Executive Director and title

Email Address _____

(Circle One)

(Mr. / Ms.) _____

Name of NAP contact person and title

Email Address (if different from above) _____

County/City of Main Office
Project _____

Planning District # _____

Code for Type of _____

Does this organization operate an on-site health care clinic? Yes ___ No ___

Was this organization an approved NAP participant during:

2002-03 Yes ___ No ___ 2003-04 Yes ___ No ___ 2004-05 Yes ___ No ___ 2005-06 Yes ___ No ___

Name of organization in prior years if different: _____

Amount of NAP Tax Credit requested for donations - July 1, 2006 through June 30, 2007: \$ _____

II. CERTIFICATION

I certify that the above information and the following documents are true and apply to my organization and indicate intent to become a NAP participant:

- Attachments A, A(1), B, C, D, and E
- A copy of your 501(c)(3) or 501(c)(4) status documentation
- A copy of your current annual audit
- A copy of your current federal form 990
- A copy of your annual renewal form (Virginia Registration Statement for a Charitable Organization) filed with the Department of Agriculture and Consumer Services, Division of Consumer Affairs (VDACS) or a copy of your letter of exemption from VDACS
- A brochure, pamphlet, or flyer for your organization and current programs
(All above items are required)

I also understand that NAP participation obligates my organization to:

- Work with the donors to assure a timely and accurate completion and submission of the Contribution Notification Forms (CNFs) including supporting documentation for all donations.
- Maintain in my facility and make records pertaining to NAP transactions available to DSS for a period of five (5) years.
- Abide by NAP laws and guidelines.

Authorized Signature and Title

Date

ATTACHMENT A

Certification of Income Levels Served

 (Name of Organization)

(This information refers to the total operation of your organization)

Total number of people assisted by or using services provided
by your organization during the previous 12 months:

Total funds spent assisting or providing services for these people:

Of this total:

- Number of people at or below 125% of poverty :

- Total funds spent on this group:

- Number of people at or below 150% of poverty:

 (This number includes those at 125% of poverty)
 - Total funds spent on this group:

- Number of people at or below 175% of poverty:

 (This number includes those at 150% of poverty)
 - Total funds spent on this group:

- Number of people at or below 200% of poverty:

 (This number includes those at 175% of poverty)
 - Total funds spent on this group:

***** The above numbers are cumulative *****

Time period used:

 /

(Start Date) / (Ending Date)

I certify that the above information is true and accurately reflects the activities of our organization.

 Authorized Signature and Title

 Date

ATTACHMENT A(1) - INCOME LEVELS SERVED

*****Please note**, the requested information refers to the **total operation** of your organization, not just one or more programs conducted by the organization. NAP eligibility is limited to applicants whose primary function is providing assistance to impoverished people. The term “Impoverished people” means people in Virginia with incomes at or below 150 percent of the federal poverty level. To meet this requirement for NAP, at least 60 percent of the people you serve and at least 60 percent of your total expenditures must be for low-income people meeting the above criteria. Total income includes wages/salaries, social security income, pensions, dividend/interest income, etc.

- 1- Please attach a short summary describing how your organization is currently meeting the requirement of providing assistance for impoverished residents in Virginia.**

- 2- Discuss your basis for the information entered on the “Certification of Income Levels Served” form and describe any income tests and/or procedures that are used to gather this data.**

- 3- Discuss how the information on Attachment A relates to program expenditures in your audit report.**

- 4- If the population you currently serve has changed and does not mirror the information you provided on Attachment A, please explain . (If not applicable, write N/A)**

ATTACHMENT B - LOCALITIES SERVED

Please check all localities in which your NAP organization will actively provide services. If you provide statewide services check here: Statewide Services _____

<u>COUNTIES</u>			
Accomack _____	Isle of Wight _____	Wise _____	
Albemarle _____	James City _____	Wythe _____	
Alleghany _____	King & Queen _____	York _____	
Amelia _____	King George _____		<u>CITIES</u>
Amherst _____	King William _____	Alexandria _____	
Appomattox _____	Lancaster _____	Bedford _____	
Arlington _____	Lee _____	Bristol _____	
Augusta _____	Loudoun _____	Buena Vista _____	
Bath _____	Louisa _____	Charlottesville _____	
Bedford _____	Lunenburg _____	Chesapeake _____	
Bland _____	Madison _____	Clifton Forge _____	
Botetourt _____	Mathews _____	Colonial Heights _____	
Brunswick _____	Mecklenburg _____	Covington _____	
Buchanan _____	Middlesex _____	Danville _____	
Buckingham _____	Montgomery _____	Emporia _____	
Campbell _____	Nelson _____	Fairfax _____	
Caroline _____	New Kent _____	Falls Church _____	
Carroll _____	Northampton _____	Franklin _____	
Charles City _____	Northumberland _____	Fredericksburg _____	
Charlotte _____	Nottoway _____	Galax _____	
Chesterfield _____	Orange _____	Hampton _____	
Clarke _____	Page _____	Harrisonburg _____	
Craig _____	Patrick _____	Hopewell _____	
Culpeper _____	Pittsylvania _____	Lexington _____	
Cumberland _____	Powhatan _____	Lynchburg _____	
Dickenson _____	Prince Edward _____	Manassas _____	
Dinwiddie _____	Prince George _____	Manassas Park _____	
Essex _____	Prince William _____	Martinsville _____	
Fairfax _____	Pulaski _____	Newport News _____	
Fauquier _____	Rappahannock _____	Norfolk _____	
Floyd _____	Richmond _____	Norton _____	
Fluvanna _____	Roanoke _____	Petersburg _____	
Franklin _____	Rockbridge _____	Poquoson _____	
Frederick _____	Rockingham _____	Portsmouth _____	
Giles _____	Russell _____	Radford _____	
Gloucester _____	Scott _____	Richmond _____	
Goochland _____	Shenandoah _____	Roanoke _____	
Grayson _____	Smyth _____	Salem _____	
Greene _____	Southampton _____	South Boston _____	
Greensville _____	Spotsylvania _____	Staunton _____	
Halifax _____	Stafford _____	Suffolk _____	
Hanover _____	Surry _____	Virginia Beach _____	
Henrico _____	Sussex _____	Waynesboro _____	
Henry _____	Tazewell _____	Williamsburg _____	
Highland _____	Warren _____	Winchester _____	
	Washington _____		
	Westmoreland _____		

ATTACHMENT C

Describe your organization and how NAP credits will be used. This refers to your entire organization. **Limit your response to one page.** Please refer to the instruction sheet when completing this form!

1- Description of organization (25 words or less):

2- If your organization operates an on site health care clinic in addition to other programs, please describe the type and frequency of services offered at the clinic. (If not applicable, put N/A)

3- Mission Statement and date adopted by Board, if applicable (If Mission Statement is different from the description shown in your audit report, please explain.):

4- Number of years in operation & how long as a NAP participant:

5- Proposed use of NAP contributions:

ATTACHMENT D

Provide a **statement** of your organization's **goal/objective**. List at least two of the more important **measurable outcomes** that are expected to occur during the period July 1, 2006 – June 30, 2007 and discuss the **method** your organization will use to evaluate the program's effectiveness.

Note: An evaluation report showing your outcomes will be required in all subsequent applications.

Attachment E

**Measurable Outcomes
Evaluation Report**

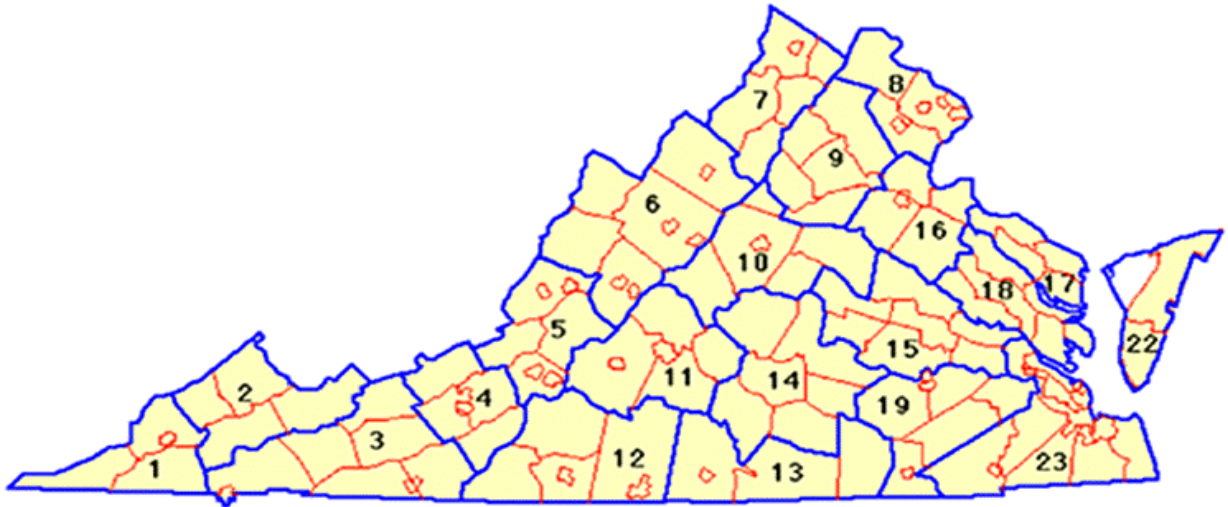
This form is for FY2005-2006 NAP participants only. Using the attached format, list at least two of your measurable activities /goals for the past year and outcomes the organization achieved.

Organization Name: _____

(Please use this format for reporting outcomes)

ACTIVITY / GOAL (previous application)	OUTCOMES ACHIEVED (from previous year identified goals)	# OF CLIENTS AT OR BELOW 150% OF POVERTY	# OF CLIENTS ABOVE 150% OF POVERTY
		Year to date	Year to date

Planning District Commission Boundaries



- | | |
|--------------------------|---------------------------|
| 1 – LENOWISCO | 11 – Central Virginia |
| 2 – Cumberland Plateau | 12 – West Piedmont |
| 3 – Mount Rogers | 13 – Southside |
| 4 – New River Valley | 14 – Piedmont |
| 5 – Fifth | 15 – Richmond Regional |
| 6 – Central Shenandoah | 16 – RADCO |
| 7 – Lord Fairfax | 17 – Northern Neck |
| 8 – Northern Virginia | 18 – Middle Peninsula |
| 9 – Rappahannock-Rapidan | 19 – Crater |
| 10 – Thomas Jefferson | 22 – Accomack-Northampton |
| | 23 – Hampton Roads |

POVERTY GUIDELINES 2006
ANNUAL GROSS INCOME LEVELS

FAMILY SIZE	100%	125%	150%
1	\$9,800	\$12,250	\$14,700
2	\$13,200	\$16,500	\$19,800
3	\$16,600	\$20,750	\$24,900
4	\$20,000	\$25,000	\$30,000
5	\$23,400	\$29,250	\$35,100
6	\$26,800	\$33,500	\$40,200
7	\$30,200	\$37,750	\$45,300
8	\$33,600	\$42,000	\$50,400
EACH ADDITIONAL	\$3,400	\$4,250	\$5,100

2006-2007
CODES FOR TYPE OF PROJECT

- 1 - Youth / Domestic Violence Shelter
- 2 - Homeless Shelter
- 3 - Housing
- 4 - Youth Activities / Youth Center
- 5 - Home / Center For The Disabled
- 6 - Comprehensive Emergency Services
- 7 - Senior Citizens Services
- 8 - Legal Services
- 9 - Health Care Services
- 10 - Teen Pregnancy / Family Planning / Counseling
- 11 - Education / Scholarship
- 12 - Substance Abuse Counseling
- 13 - Food Banks
- 14 - Job Training / Employment Services
- 15 - Literacy Programs
- 16 - Child Care Programs
- 17 - Water / Waste Water Program
- 18 - Transportation Service
- 19 - Ex-Offender Services
- 20 - AIDS Program Related Services
- 21 - Other

INSTRUCTIONS

1. PLEASE COMPLETE AND RETURN THE ORIGINAL APPLICATION AND REQUIRED ATTACHMENTS TO:

Virginia Department of Social Services
Office of Community Services
Neighborhood Assistance Program
7 North Eighth Street, 3rd Floor
Richmond, VA 23219-1849

The completed package must be received at the above address on or before 5:00 P.M. – May 1, 2006. Applications received after 5:00 P.M. on the due date will not be considered. A box will be placed in our lobby for all hand delivered applications. Please allow sufficient time for delivery when mailing your application.

2. **NOTE: Your request is for the total credits (donation amount x 45%) you expect to use for both individual and business donors from July 1, 2006 through June 30, 2007.**
3. Use the enclosed **“Planning District Commission Boundaries” map** to determine your planning district number. Use only **one** number.
4. Use **“Codes For Type of Project”** attachment to identify your project type. Please use only **one** code.
5. **ATTACHMENT A** - The requested information refers to the **total** operation of your organization, not just one or more programs conducted by your organization. All reference to poverty levels refers to the federal poverty level as shown on the enclosed chart. If estimates are used, please label the figures as estimates and explain how the estimates were determined. The time period “previous 12 months” is intended to be a full year and can be the calendar year, program year, or audit year. Please include the time period you used at the bottom of this sheet. (Foodbanks will use a different format that will be included only in their package).
6. **ATTACHMENT A(1)** - Attach a short summary describing how your organization meets the requirement of primarily providing assistance for impoverished people. The term “Impoverished people” means people in Virginia with incomes at or below 150 percent of the federal poverty level. Total income includes wages, salaries, social security, pensions, interest income, etc. To qualify, at least 60 percent of the people you assist must meet that criteria and at least 60 percent of your expenditures must be for low-income people. Discuss your basis for the data entered on attachment A and describe any income tests and/or procedures used to gather the information. **Discuss how the information on attachment A does or does not relate to program expenditures in your audit report.** (Foodbanks will use a supplement sheet included only in their package). If the population you serve has changed and does not mirror the information you provided on Attachment A, please explain.

7. **ATTACHMENT B** - Check all localities in which your organization will actively provide a service.
8. **ATTACHMENT C** - Describe your organization, mission, and how NAP credits will be used. Do not exceed one page. Use the following as a guideline:
 - a. - Give a brief description of your organization (25 words or less).
 - b. - If you have other programs in addition to an on-site health care clinic, describe the type and frequency of services offered at the clinic. (If not applicable, put N/A).
 - c. - List the mission statement for your organization and date adopted by Board. Does the mission statement reflect the purpose of your organization? If this is different from the description shown in your audit report, please explain.
 - d. - Include the number of years your organization has been in operation and the number of years as a NAP participant.
 - e. - Describe how you propose to use NAP contributions, if approved.
9. **ATTACHMENT D** - Provide a statement of objective for your organization. List two measurable outcomes that are expected to occur during the program year and discuss the method you will use to evaluate the program's effectiveness.
10. **ATTACHMENT E** - **This form is for FY2005-2006 NAP participants only**. Using the attached format, list at least two of your measurable activities /goals for the past year and the outcomes you achieved.
11. **ATTACH A COPY OF YOUR 501(c)(3) or 501(c)(4) STATUS DOCUMENTATION.**
12. **ATTACH A COPY OF YOUR CURRENT ANNUAL AUDIT REPORT** prepared by an **outside independent CPA**. ("Audit" means any audit required under the federal Office of Management and Budget's Circular A-133, or, if your organization is not required to file an audit under Circular A-133, a compilation report (detailed financial statements), also prepared by an **outside independent CPA** may be submitted).
13. **ATTACH A COPY OF YOUR CURRENT FEDERAL FORM 990**. This form is required for participation in the Neighborhood Assistance Program.
14. **ATTACH A COPY OF THE ANNUAL RENEWAL FORM FILED WITH THE DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES, DIVISION OF CONSUMER AFFAIRS (VDACS) OR A COPY OF YOUR LETTER OF EXEMPTION FROM VDACS.**
15. **PROVIDE A CURRENT BROCHURE, PAMPHLET, OR FLYER FOR YOUR ORGANIZATION AND PROGRAMS.**
16. Use Application Package Checklist to ensure you are returning a complete package. **INCOMPLETE APPLICATIONS OR APPLICATIONS RECEIVED AFTER 5:00 P.M. ON MAY 1, 2006 WILL NOT BE ELIGIBLE FOR PARTICIPATION IN THE NAP PROGRAM. POSTMARK DATES ARE NOT APPLICABLE.**

APPLICATION PACKAGE CHECK LIST

- Completed, signed and dated application. (Need original signature, copies not accepted)
- Attachment A - Certification of Income Levels Served.
- Attachment A(1) - Summary and basis for information on attachment A.
- Attachment B - Localities your organization serves.
- Attachment C - Description of your organization and how the tax credits will be used.
- Attachment D - Statement of objective, measurable outcomes, and method used to evaluate effectiveness.
- Attachment E – Current participants only - Evaluation Report for measurable outcomes achieved during past year.
- Attach one copy of your 501(c)(3) or 501(c)(4) document.
- Attach one copy of your current audit report.
- Attach one copy of your current federal form 990.
- Attach one copy of your annual renewal form filed with the Department of Agriculture and Consumer Services, Division of Consumer Affairs (VDACS) or a copy of your exemption letter from VDACS.
- Provide a current brochure, pamphlet, or flyer for your organization and programs.

PLEASE USE THE CHECKLIST TO ENSURE YOU ARE RETURNING A COMPLETE APPLICATION PACKAGE. **(Please allow sufficient time when mailing your application because APPLICATIONS RECEIVED AFTER 5:00 P.M. ON MAY 1, 2006 WILL NOT BE ELIGIBLE FOR PARTICIPATION IN THE NAP PROGRAM).**